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As of September 23, 1966

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RECAPITULATION
OF GOLDEN
ANNIVERSARY FUND
PROGRAM
To Be Completed by 1970

BUILDING "M" — IN-PATIENT CARE	\$ 3,428,000
Eight stories and basement, approximately 160 beds, including medical and surgical intensive care units — each floor radial with central nursing core.	
BUILDING "L" — THERAPY AND DIAGNOSIS	\$ 1,177,700
Four stories and basement, with radiographic, fluoroscopic and special procedure rooms; cardiac catheterization laboratory; pulmonary unit; radiotherapy.	
BUILDING "R" — RESEARCH	\$ 2,654,800
Four stories and basement, with laboratories for medical research.	
BUILDING "R" — OTHER FUNCTIONS	\$ 1,070,000
Other hospital functions, including radiology; maintenance and mechanical space for all buildings.	
REMODELING OF EXISTING SPACE, DEMOLITION, ETC.	\$ 4,063,050
This includes renovation of many facilities and areas in the South, Grynish and Service Buildings; central air-conditioning for multiple areas; architect's fees; and other expenses.	
TOTAL COST OF GOLDEN ANNIVERSARY DEVELOPMENT PROGRAM	\$12,593,550
PRESENTLY AVAILABLE AND EXPECTED FROM GOVERNMENT	\$ 3,900,000
NEEDED FROM PUBLIC CONTRIBUTIONS	\$ 8,693,550

MAJOR ELEMENTS OF THE GOLDEN ANNIVERSARY FUND

The Golden Anniversary Fund Program is scheduled to be completed in 1970. It contains the following elements:

- A New Patient Building, "M", consisting of 91,000 square feet, containing eight stories and basement. This building will include approximately 160 beds and will have the most modern design in New England.
- A New Therapy and Science Building, "L", consisting of four stories and basement, in 25,500 square feet of space. It will contain 14 radiographic, fluoroscopic and special procedure rooms; cardiac catheterization laboratories; two radiotherapy rooms; pulmonary studies unit; electron microscopy laboratory; and radioactive isotope area — all necessary for direct diagnosis and treatment of sick patients.
- A New Research Building, "R", of four stories and basement, with 55,260 square feet of space. This facility will have approximately 35 laboratories for research in medicine, surgery and anesthesia and appropriate supporting units.
- Renovation of Existing Facilities, to include necessary remodeling of 55,500 square feet of space in key areas of the Florence and Mortimer Gryzmish Building, and the South and Service Buildings.

The total cost of this program is \$12,593,550. Of this amount, \$3,900,000 is presently available or expected from Government sources, primarily for the research areas.

The balance — \$8,700,000 — must be raised from public contributions through the Golden Anniversary Fund.

This is the challenge we face — to raise \$8.7 million as our investment in the future of Beth Israel Hospital. Most of this sum will be spent for the construction and renovation of direct and supporting patient care facilities.

WHAT MUST BE DONE

Beth Israel Hospital's doors have been open continuously for fifty years. This is a reflection of its high purpose, of its responsibility to the community, and of its determination to reflect the finest in patient care, teaching and research.

However, the attributes of excellence must be re-won in every generation. For us, as we enter the second fifty years of the hospital's existence, this dictum has special and compelling significance.

Our foundations are strong because they were built with the energies and devotion of far-seeing men and a united community. They rest on the bedrock of an intimate relationship with the Harvard Medical School, the high quality of the Board of Trustees and professional leadership, and a dynamic link with the Combined Jewish Philanthropies.

The present generation of leaders of Beth Israel Hospital has demonstrated that it intends to move actively into the future, to maintain and extend its standards — in men and facilities — as the continuing contribution of the Jewish community toward leadership in the medical complex of Boston and New England.

We need to raise \$8,700,000, the largest capital funds project ever undertaken by the Jewish community of Greater Boston. It is a thoroughly realistic sum, the minimum necessary to achieve this priority program. If the needed sum is great, the needs which it is designed to meet are even greater. The community which the hospital serves must make ready to bear its responsibility. The Golden Anniversary offers the Golden Opportunity to break through into the hospital world of tomorrow.

To achieve our goal, giving will be needed on a truly grand scale. Through the help and inspiration of dedicated friends, we will raise the needed money, erect the necessary buildings, and give Beth Israel Hospital the opportunity to go on to even greater heights of excellence and service in the second half-century of its history.

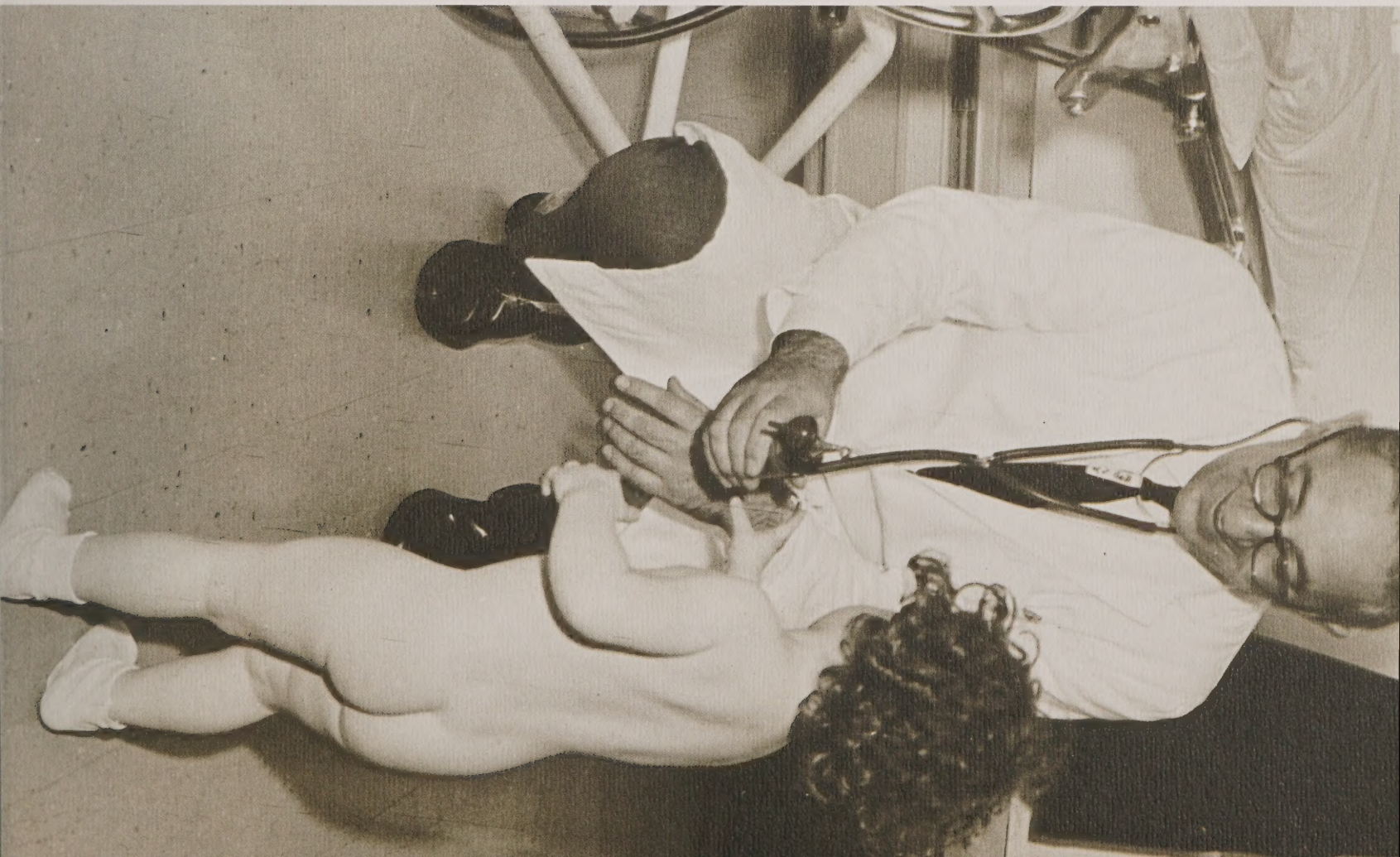
NO COMPROMISE WITH THE BEST...



Stanley H. Feldberg
General Campaign Chairman

What has been accomplished at Beth Israel over the past fifty years adds up to an impressive record of achievement that is well known. But hospitals, like every other social endeavor built and guided by human genius, cannot remain static. Either we go forward or fall behind. Either we make it possible to keep abreast of the vital and rapid changes which mark medical progress or we stifle the initiative of those who make our institution great.

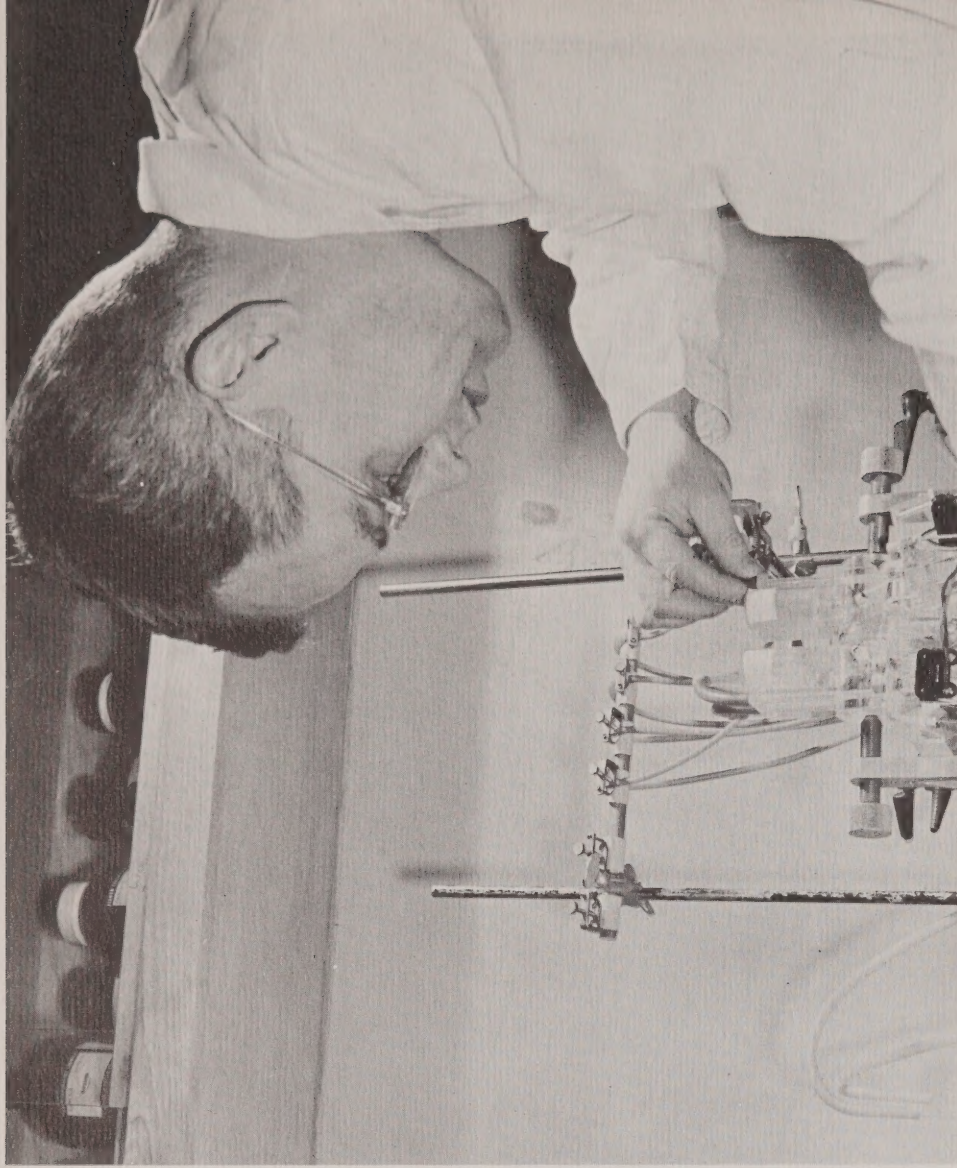
Confronting this situation of dynamic change, of swift forward movement, of new concepts of the role of the hospital in modern medicine, we of Beth Israel Hospital and the community recognize that we are at a crucial stage of our development. Our actions will determine whether Beth Israel is to continue being a great institution and whether it will remain in the forefront of medical progress during its second half-century of existence.

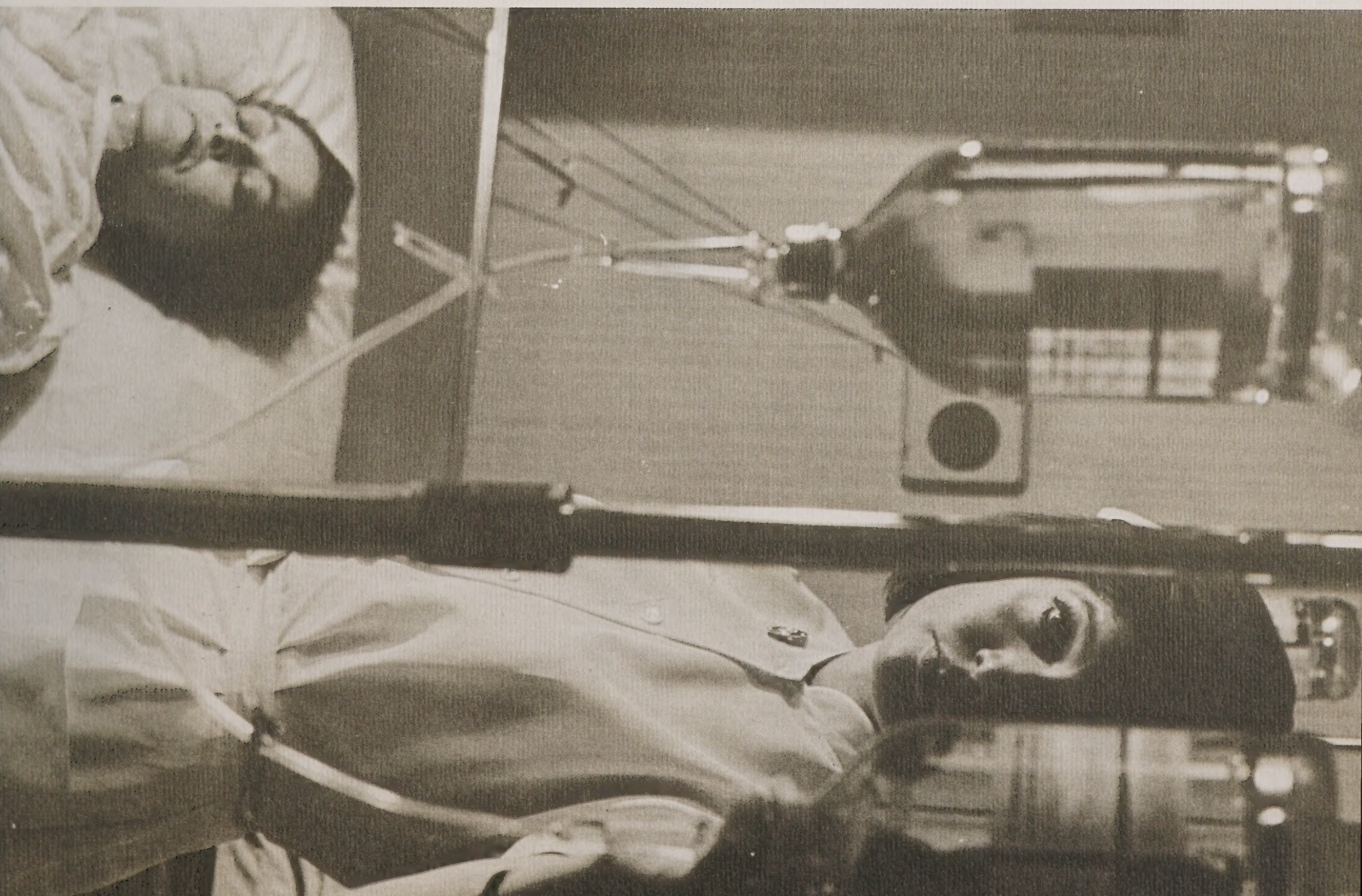


The Science Buildings, designated as Buildings "L" and "R", will provide the laboratory and patient study facilities complementary to the beds in the radial building. It will fit behind the Gryzmish Building, between the two wings already projecting outward, and will expand the pathology, tissue culture and histochemistry laboratories, create an efficient area for radioisotope work, a corresponding radiobiology laboratory, new electron microscopy unit, add a major radiotherapy area for treatment, and provide a sorely needed expansion for our diagnostic X-Ray department. Each of these will add directly to the breadth and depth of the services offered to patients — without luxury, but surely with competence.

There will be other laboratories, for the clinicians and scientists who will give the Beth Israel Hospital its continuing eminence in the modern era — laboratories for biochemistry, surgical physiology, cardiovascular studies, gastroenterology, hematology, infectious disease, dermatology, immunology, endocrinology, diabetes, renal disease, studies in cancer, and more. There will be desk space, study cubicles, seminar rooms — those devices required to maintain our teaching programs. In short, the "L" and "R" Buildings, in four floors and basement, will begin to provide the background required to maintain the vigor of our clinical care.

In the old days, as a stronghold in the battle against disease and poverty, we were struggling against irrationality and ignorance. The battleground is now broadened to include not only the clinic and the ward, but the laboratory and the classroom as well.





Beyond doubt, the new patient facility will be the most exciting hospital building in the Northeast. Each floor will contain a central nursing station and the patients' rooms will radiate out like the spokes of a wheel. In this type of radial unit, the nurse can stand in one place and view any of the 24 or 26 patients on the floor. Virtually everything she needs is within the nursing station. She can do her work, always alert and responsive to the patients' problems. So far, 30 hospitals of this design have been built, mostly in the Midwest. The patients are better cared for and they know it. With glass doors, each patient has a two-way view. He feels secure knowing he can have the attention of the nurse at all times. The nurse is pleased because of the efficiency of the unit. The physician approves of the quiet atmosphere and the increased competence of care. The administrator is happy because even more patient service can be given at less than conventional cost. The radial unit with a central nursing core is the hospital of tomorrow and we will be the first in New England to build it.

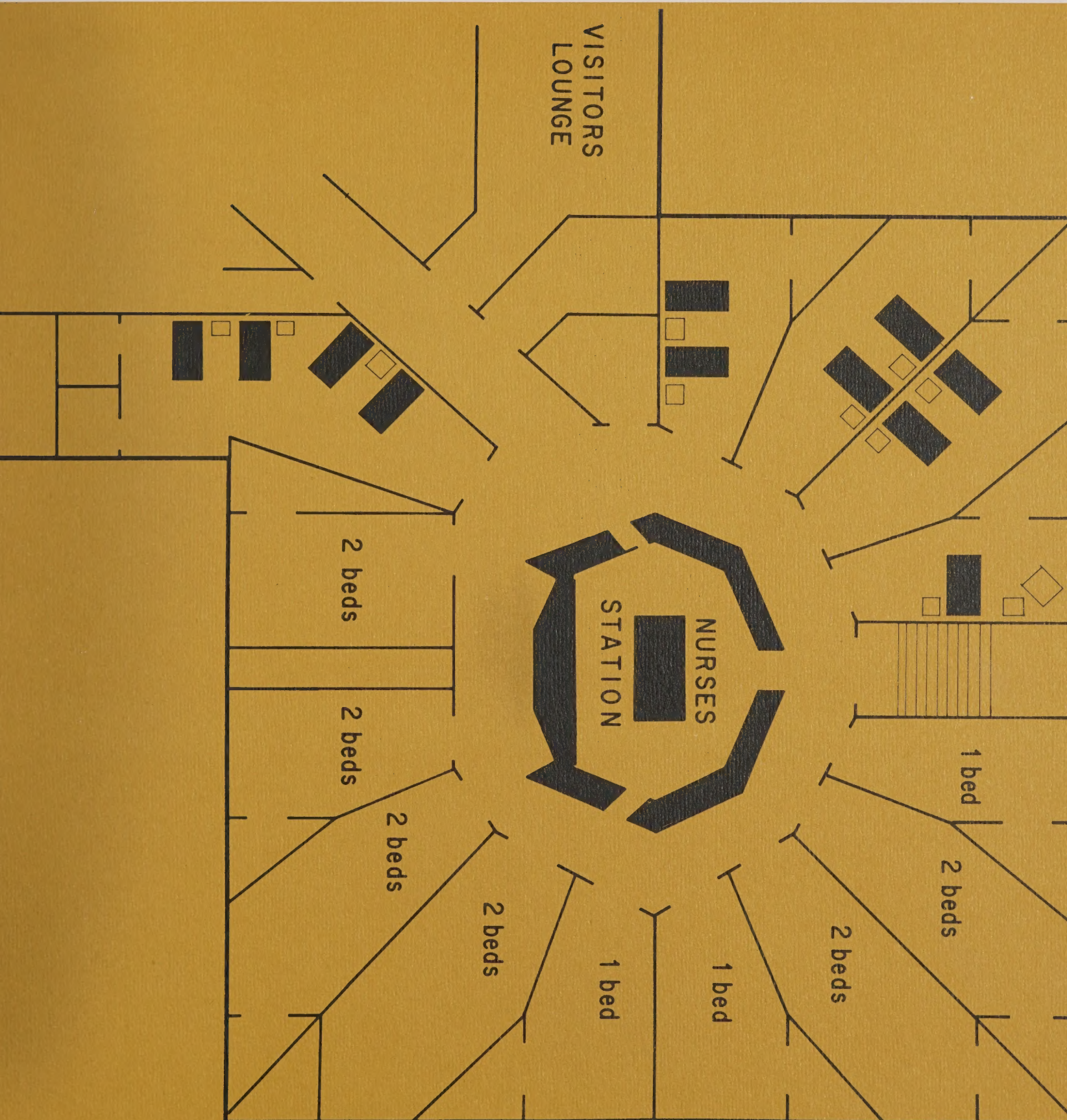
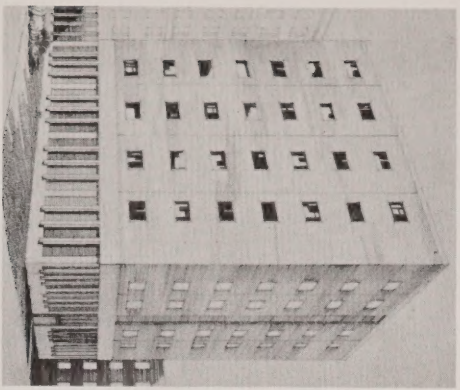
Such is the imaginative solution both to finding additional beds and to replacing the out-dated inpatient facilities. At the same time, by creating units organized in this novel and efficient manner, we can deliver better care to more people with relatively fewer nurses and assistants.

The radial building will run off the South Building, toward the rear of the Hospital grounds. On the third floor, it will offer space to modernize the operating suite facilities, i.e., enlarged recovery room and a surgical intensive care unit. On another floor, a unit for intensive coronary care will be created. The eighth floor could be related to the Obstetrical Service on 8 South, and the

rest could be available for our clinical needs, internal medicine, surgery and the specialties, as deemed appropriate. On completion of the radial building with its 160 new beds, the old units in the Gryzmish Building can be converted to other uses such as minimal care areas, or outpatient facilities. The overall gain would be at least 80 beds, bringing our total complement close to 500. In the basement, space will fall to the kitchen. The building will be fully air-conditioned. Each of the patient floors will contain a comfortable solarium, a conference room for physicians and families of patients, a nourishment kitchen and appropriate storage and utility space.

What else is needed? There is no first-rate hospital where quality care of the patient can be given in the absence of adequate laboratories. Many of these laboratories carry out clinical research directly related to the diagnostic needs of patients, or clinical services as a direct part of patient care. In some other of these laboratories, the physician may retreat from the bedside and ponder unknowns of remarkable complexity, the keys to life itself.

When we need beds, we must think of beds and the supporting facilities as one. Adequate, comfortable and functional accommodations are meaningless without the best of ancillary facilities. We must provide the space and equipment to bring to bear on the patient the best that medical science can offer, in both equipment and physicians. In order to attract and hold men of the highest caliber — those who are with us now and those whom we seek — it is imperative that we guarantee the provision of modern research facilities in which they can carry on their studies and where they can train others for positions of leadership.



AN ULTRA-MODERN PATIENT BUILDING FOR A NEW ERA

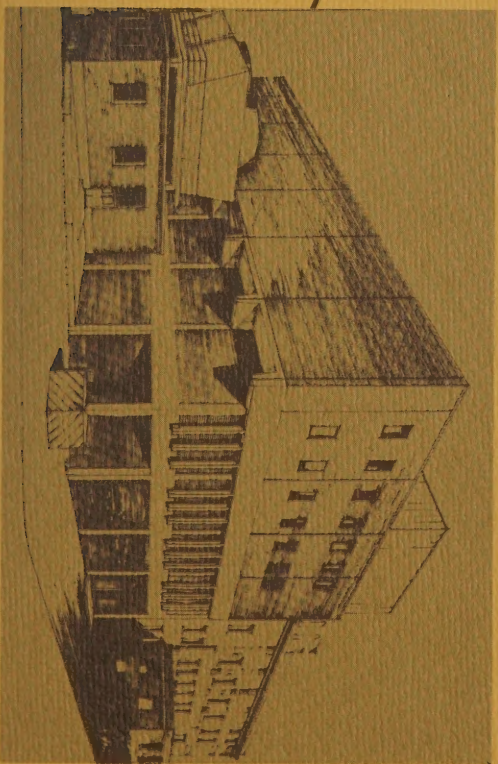
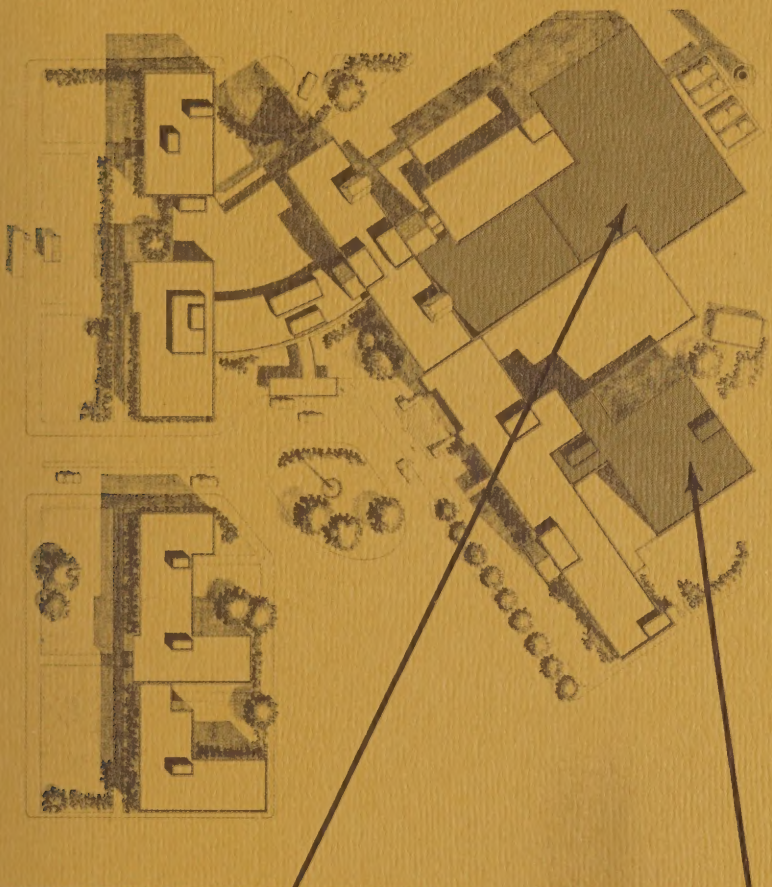
Beth Israel Hospital has not added a single new patient bed in the last 15 years. More than half of our medical-surgical beds — 64 semi-private and 88 ward — are in the Florence and Mortimer Gryzmish Building, which facilities date from 1928. These wards and rooms are antiquated and inefficient for caring for the acutely ill. The remainder — 131 beds — are in the South Building, facilities already becoming somewhat jaded, although created in 1950.

There is no doubt that we need more beds. Consider what modern medicine has done. We have saved the young mother dying of childbed fever, only to have her return several times as an elderly lady with congestive heart failure. We have saved the youth with pneumonia; but he will return more than once with diabetes, or emphysema, or with cancer. In short, the more we help, the more we create those who will need help again. And, in addition, our population is growing. We need more beds.

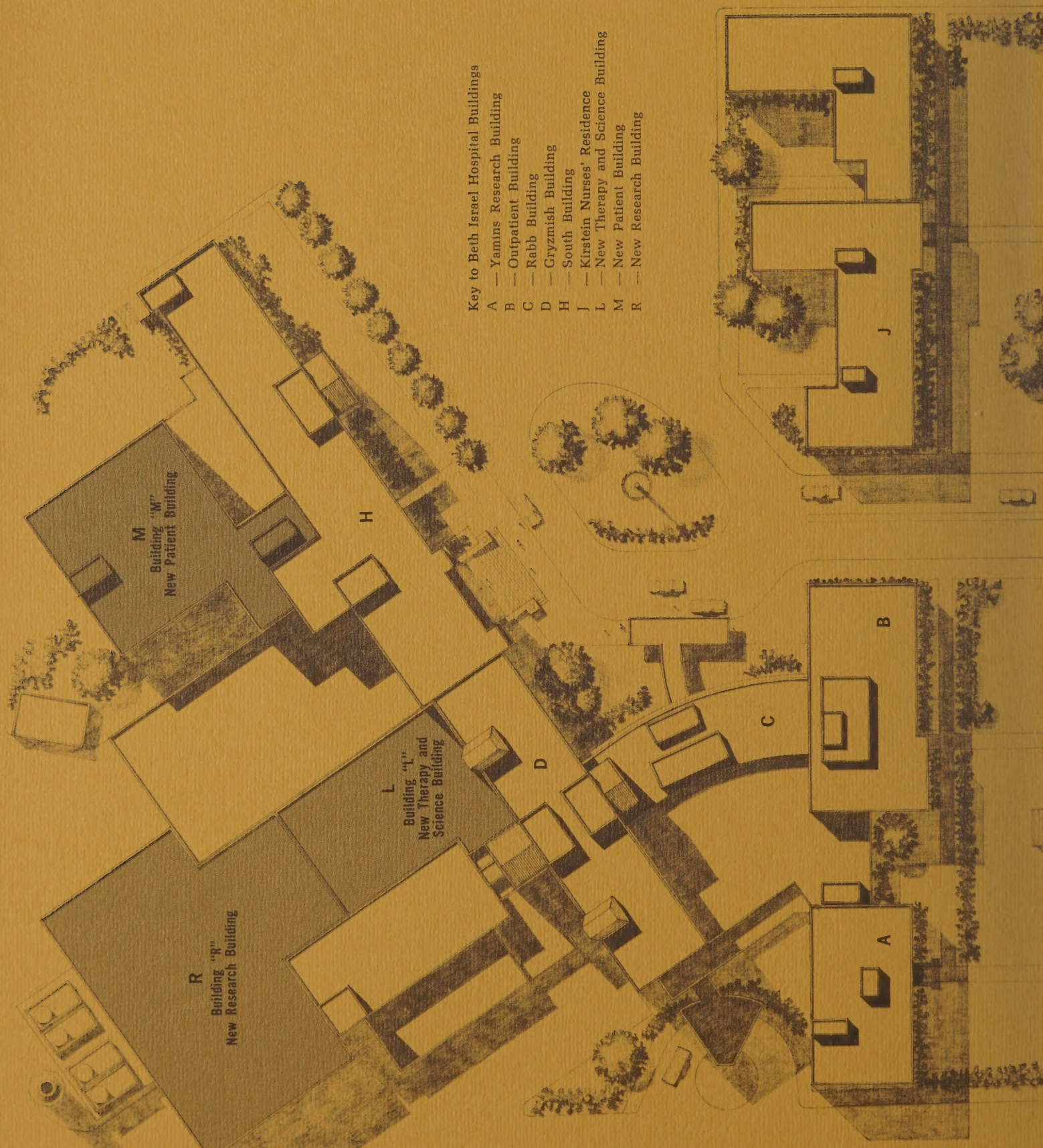
The answer does not lie in renovation alone. The needed renovations may be more costly than new construction. Moreover, the conventional hospital floor is becoming as outmoded as the airy cottage so popular in hospitals in the '20's. We need to create that facility for patient care which will be responsive to tomorrow's environment — social, economic and scientific.

The major goal of the Golden Anniversary Development Plan is an ultra-modern patient building of eight stories and basement. It will contain 91,100 square feet of space, approximately 160 beds and will provide maximum comfort and efficiency in meeting the needs of patients.

Building "M"
New Patient Building



Building "R"
New Research Building



Key to Beth Israel Hospital Buildings

- A — Yamins Research Building
- B — Outpatient Building
- C — Rabb Building
- D — Gryzmish Building
- H — South Building
- J — Kirstein Nurses' Residence Building
- L — New Therapy and Science Building
- M — New Patient Building
- R — New Research Building

producing productive. We can see ahead in general terms, and the limited horizon in view includes the following prospects:

- a. Our commitment to the community can be met only with more patient beds.
- b. These beds must provide not merely comfort and convenience but the fruits of new medical knowledge, no matter how complex or costly.
- c. These beds must be backed up by diagnostic and treatment facilities which will meet their demand.
- d. Facilities, no matter how complete, are meaningless without the right people to man them. All personnel whether housekeeping or dietary, whether nurses, technicians or social workers, whether clinicians in the community, physician-scientists in full-time hospital positions, or house officers — all of these must be of great competence, and must remain informed and capable as the changing world of medicine evolves.

This is the challenge that has been taken up by the Board of Trustees. The answer has come in the decision to continue with the pursuit of excellence. From the enthusiasm has arisen the Galilee Anniversary Development Program, the first major step into our second half-century. We have the expertise to accomplish such a goal. Now we need the support of the community to serve.

THE GROWTH OF BETH ISRAEL HOSPITAL

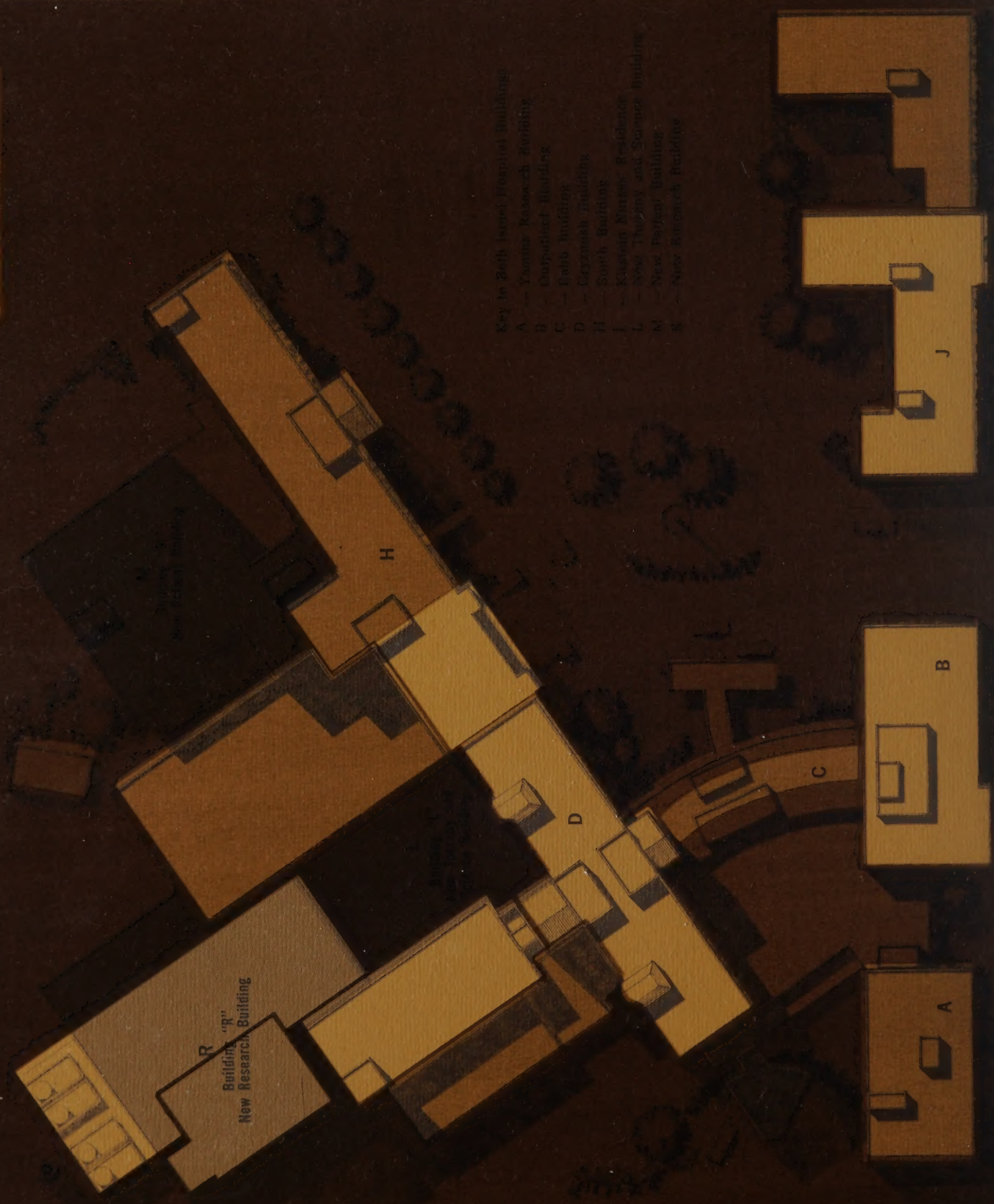
1. 1928

2. 1950

3. TODAY

4. TO BE COMPLETED

BY 1970



- Key to Tel Aviv Sourasky Medical Center Buildings
- A — Yehuda Research Building
 - B — Outpatient Building
 - C — Rehabilitation Building
 - D — Grayson Building
 - H — South Building
 - J — Kohnstamm Nurses' Residence Building
 - L — New Theater and Science Building
 - M — New Medical Building
 - R — New Research Building

probing productive. We can see ahead in general terms, and the limited horizon in view includes the following prospects:

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This is the challenge that has been taken up by the Board of Trustees. Their answer has come in the decision to continue with vigor the pursuit of excellence. From their enthusiasm has arisen the Golden Anniversary Development Program, the first major step into our second half-century. We have the expertise to accomplish such a goal. Now we must enlist support of the community we serve.

THE GROWTH OF BETH ISRAEL HOSPITAL

- 1. 1928
- 2. 1950
- 3. TODAY
- 4. TO BE COMPLETED
IN 1970

THE PENALTY OF LEADERSHIP IS THE SCRUTINY OF SELF-EXAMINATION



Mitchell T. Rabkin, M.D.
General Director

Fifty years from now, we can anticipate contrasts with today's medical care even more striking than are conjured up by our thinking back on the care given at Townsend Street. The harbingers of change include the gradual disappearance of the general practitioner and with that, the seeming depersonalization of medical attention; the progressive complexity of diagnostic and therapeutic medicine; the soaring costs in the delivery of medical care; the shift in life expectancy and the increase in our elderly population. Ferment is all around us — the realization that prevention is the only way to deal with chronic illness; the concept that costs must be distributed not merely among the sick and the healthy but oriented more toward preservation of health rather than treatment of illness; the beginning of startling insights in medical research with extraordinary sociological implications; the realization that the medical school with its hospitals is to become more intimately involved with the community and with its local physicians.

It is not demeaning the efforts of our predecessors to state that magic is gradually departing from the practice of medicine.

The point is that the scientific basis of medicine is emerging as the intellectual foundation of practice. And this new kind of medicine has implications which reach into all corners of life.

There is no doubt that we must lead the way. The penalty of leadership is the scrutiny of self-examination and the requisite honesty to make such



Of all of the Harvard teaching hospitals, the Beth Israel provides the widest range of services, from care of the premature infant to the aged. Several key service statistics for the past year illustrate this point:

- More than 12,000 inpatients received 110,000 patient days of care.
- The Emergency Unit had almost 20,000 patient visits.
- More than 62,000 visits were made to Outpatient Clinics.
- 2,400 babies were delivered.
- Almost 6,500 surgical procedures were performed.
- The use of scientific medicine is reflected in the number of Clinical Laboratory tests recorded, over 360,000 annually.
- Approximately 2,200 home care visits were made.
- Almost 27,000 X-Ray examinations were performed.
- More than 11,000 electrocardiography examinations were taken and interpreted.

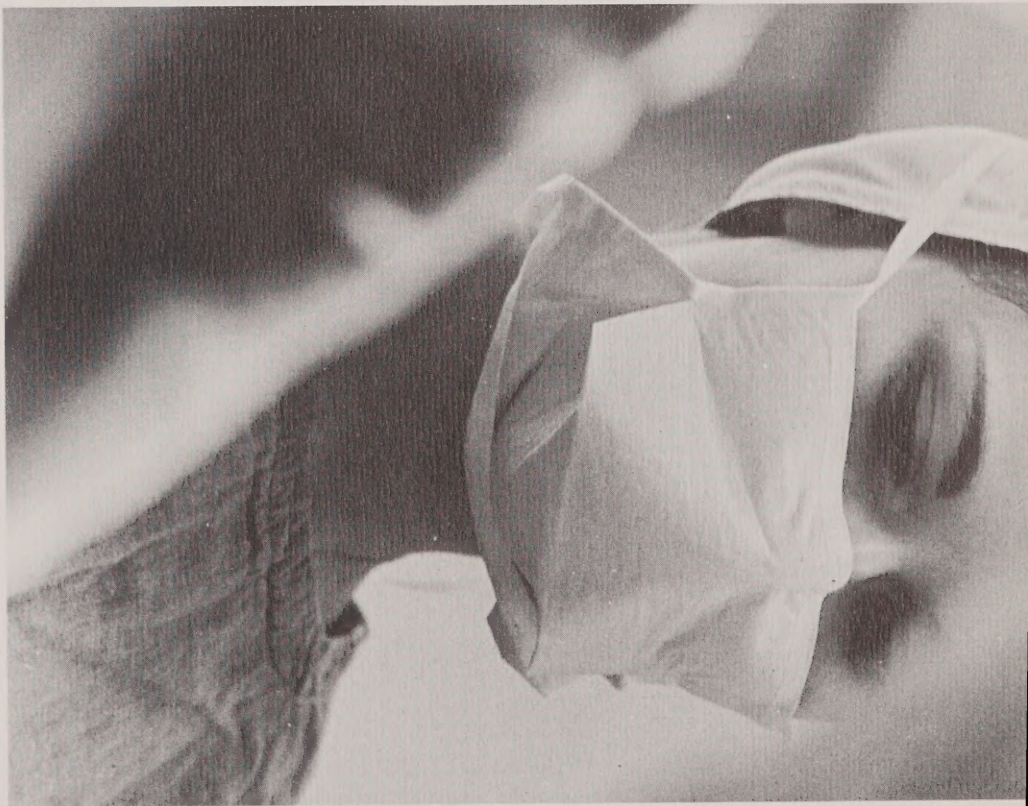
- Over 140 original contributions to medical research were published.

What of tomorrow? The present eminence of Beth Israel Hospital, won by the support of an appreciative community and advanced by the skill of its physicians, nurses and employees, only serves to remind us that the pursuit of medical excellence is endless. We are now, as we were at the beginning of the Hospital's existence, experiencing a time of turbulent change. The scientific revolution, the compelling economics of medicine, and the needs of the community demand clear-cut answers to some hard questions concerning the kind of hospital Beth Israel is to be during its second half-century.

What should be the goals of Beth Israel Hospital for the next 25-50 years?

What are the fundamental values to guide us as we seek these goals?

What synthesis of past and present virtues will best support our pursuit of excellence?

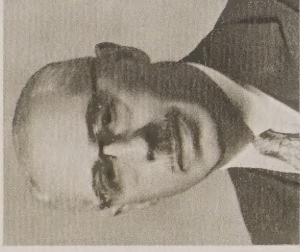


ON THE THRESHOLD OF TOMORROW

As the Beth Israel Hospital begins its second half-century of service, the thousands of people — families and individuals — who founded and nurtured it through the years can be proud of their institution. Rooted in the community it serves, with more than 600 staff members and 1200 employees, the Beth Israel Hospital has earned a reputation for excellence well beyond Boston. With other university teaching hospitals, it has shared in the training of physicians for the nation and the world, and in the growth of research which has led to the delivery of high quality care to almost 40,000 patients annually.



WE MUST MOVE FORWARD...



Samuel L. Slosberg,
President

Medicine has not stopped breaking new ground. It is moving ahead faster than ever, and its requirements impose on us a readiness to move with it. Therefore, we must continue to provide the indispensable physical facilities which will match the responsibilities that medical progress imposes on us and will continue to demand of us as a great teaching hospital.

To achieve this purpose, to assure that in its second half-century Beth Israel shall remain a hospital equalled by few and excelled by none, we must exercise vision, courage and determination to succeed.

school. In 1916, the Mt. Sinai closed its doors; its functions were shifted to a mansion on Townsend Street in Roxbury, where the new Beth Israel Hospital was founded in October 1916.

Almost immediately, the inpatient service was inundated in the great influenza epidemic, and large numbers of Jews and non-Jews were given the best care of the day. The challenge was an opportunity to demonstrate the strength of this institution, arising as a labor of love and concern by the Jewish community, and to show that they were ready and willing to share their assets and strengths with the rest of the community in this new non-sectarian hospital. At the same time, that foothold was made which has eventually led to the widespread acceptance of Jewish physicians and patients in other institutions.

The early experience served to establish the two major themes which have provided the vitality of the Beth Israel Hospital for this first half century:

- a. The practice of medicine is continually reshaped by new achievements in medical science. In order to deliver the finest in patient care, we must keep on the frontier of these advances. To do so we are obligated to provide both physicians and facilities of the first rank.
- b. Commitment to the welfare of the Beth Israel Hospital reflects our concern not only for our own health but also for the health of the entire community.

As the new institution matured, a synthesis was aimed for where increasing professionalism would exist side by side with a warm and home-like atmosphere for the pa-

tients. Specialty departments, such as radiology and pathology, arose and expanded; a full-time dietitian began work. In 1918, the School of Nursing was founded and accepted its first students. Within a few years, the need to grow further was recognized, and with it, the need for a firmer academic affiliation. The choice of the present Brookline Avenue site was in large part predicated upon proximity to Harvard Medical School, and the new Beth Israel became the first Jewish-sponsored hospital to achieve the status of a university teaching hospital. In addition to the position of a major teaching hospital of Harvard Medical School, the relation with Tufts Medical School was continued, and further ties were made with Boston University, Northeastern University, Simmons College, and the Harvard School of Public Health. From August 1928, when the first patient was admitted to the new building (now the Florence and Mortimer Grynzmish Building), the Hospital has created a tradition of concern for the welfare of the community, and has provided the best of care as evidence of that concern.

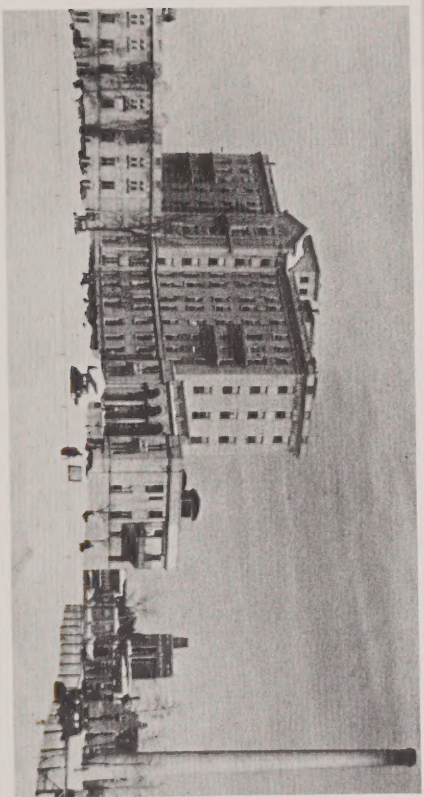
The years since have been characterized by expansion and by innovation — the founding of an obstetrical service; pioneering of a psychiatric service oriented to the general hospital; development of a Home Care program; building of a multifaceted social service department; organization of research facilities; creation of a pediatric unit. Because the Hospital has grown in size, in diversity, and in complexity, yesterday's proud achievements can not permit us to relax in the constant quest for progress. Even today's successes demand that we must do better tomorrow.

FIFTY YEARS OF SERVICE TO THE COMMUNITY

At the turn of the century, ill persons of substance were cared for at home. The poor, whose numbers were swelling with the wave of immigration from Eastern Europe and Russia, received little attention. From wellsprings of Jewish philanthropy arose a clinic, the Mt. Sinai Hospital, founded in 1902 especially to provide outpatient care for the impoverished of the community, of all races and religions. An academic association, recognized early as crucial to the maintenance of a high standard of care, was made with Tufts Medical School. Soon a familiar sight in the West End was the medical student "on service" who became an expert in delivering babies at home.

The foresight displayed in the founding of the Mt. Sinai Hospital is to be marvelled at. There was a strong orientation to preventive medicine, novel for those days yet to us only obvious, to diminish the toll of contagion spread by tuberculosis, the most common illness confronted by the clinic. Even more remarkable were the social service functions, initially performed by volunteers from the women of the community, to help the patient adjust to the new way of life demanded by his illness, and by his financial and social situation.

Despite the visionary use of this institution in the care of the ill, the Mt. Sinai Hospital was to become an anachronism shortly after its creation. A revolution in medical education was underway with the appearance of the Flexner Report in 1910. Recognition soon followed that a hospital should provide *better* care than could be given at home, that a new scientific medicine was at hand, and that the marriage of the science and the art of medicine would best occur under the canopy of a medical



CREDO OF THE BETH ISRAEL HOSPITAL

“The object of this corporation shall be to give medical and surgical aid and care, dispensary and outpatient service to the sick and disabled of any race, creed or color, and to carry on such educational, philanthropic and scientific activities and functions as are a part of efficient modern hospital service.”

BETH ISRAEL HOSPITAL
Boston, Massachusetts



THE BETH ISRAEL HOSPITAL
Announces its Golden Anniversary
Celebration Marking the Fiftieth Year
of its Service to the Community

1916-1966

SAMUEL L. SLOSBERG
President

SIDNEY S. LEE, M.D.
General Director

BERNARD D. GROSSMAN
Chairman, Public Relations Committee

PAUL SONNABEND
Vice-Chairman, Public Relations Committee



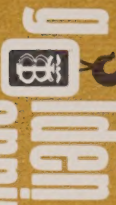
The overall theme of the Golden Anniversary is "The Hospital: A Center for Community Health". The Anniversary provides a fitting occasion for a re-evaluation of what the Beth Israel Hospital has contributed to this concept in the past — and how it plans to meet mounting community needs in the future.

The Beth Israel Hospital was founded in Roxbury, in 1916, through the efforts of a devoted group of men and women who were determined to meet the challenge of their day.

In 1928 the hospital was moved to a new site at 330 Brookline Avenue. Since that time it has been expanded until today it is a 372-bed institution helping 35,000 patients annually through its many services.

An integral part of the Harvard Medical School, Beth Israel Hospital is dedicated to three major goals: patient care, teaching and research. All components of any health institution are concerned with its primary function — that of patient care. The second vital concern is that of training the personnel who will care for the patients of the future — that of education. And the third responsibility is that of improving the treatment and care of patients of the future through organized scientific investigation — that of research.

This Anniversary is dedicated to the thousands of people who founded and nurtured the hospital through its first fifty years, and to the renewed opportunities of service in the prevention and care of disease in the years ahead.



Golden Anniversary fund

Beth Israel Hospital

330 Brookline Avenue, Boston, Massachusetts

CAMPAIGN COMMITTEE FOR GOLDEN ANNIVERSARY FUND

As of October 6, 1966

Note: This is a preliminary listing of members of the Campaign Committee. Additional names will be listed as received.

GENERAL CHAIRMAN

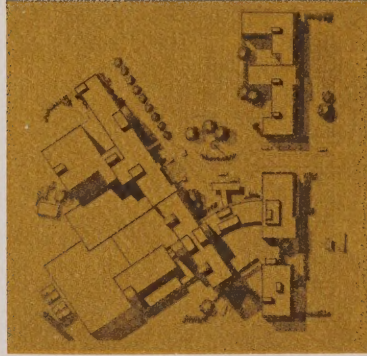
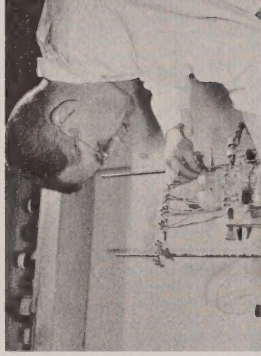
Stanley H. Feldberg

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Dr. Robert F. Dine
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